

## TRANSMISSION VERIFICATION REPORT

TIME : 08/02/2005 07:48  
NAME : MARGER JOHNSON & MCC  
FAX : 5032744622  
TEL : 5032223613  
SER.# : BROH3J605543

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

08/02 07:42  
15712738300  
00:06:00  
12  
OK  
PHOTO  
ECM

## Auto-Reply Facsimile Transmission



TO:

Fax Sender at 5032744622

Fax Information:

Date Received:

8/3/2005 12:37:17 PM [Eastern Daylight Time]

Total Pages:

12 (including cover page)

**ADVISORY:** This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

COPY

Received  
Cover  
Page  
=====>

08/02/2005 07:42 5032744622 MARGER JOHNSON & MCC PAGE 16

PATENT APPLICATION  
Docket No. 5038-249 (P15522)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David Sussman Confirmation No. 9859  
Serial No. 10/713,471 Examiner: Thang Oanh Le  
Filed: November 13, 2003 Group Art Unit: 2827  
For: MISAKORY CHAINING, TEST MIXTURE AND METHOD

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Responsive to the Office Action dated May 10, 2005, entered as an amendment in the above-  
pending application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
Item	Number After Amendment	Previous Number	Is New	Rate	Additional Fee
Total Claims	27	34,00*	1	x \$50	\$150
Independent Claims	9	2,14*	1	x \$200	\$400
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$550

\*greater of twenty (20) or number for which fee has been paid  
\*\*greater of three (3) or number for which fee has been paid

☒ PTO Form 2018 submitted (with and payment in the amount of \$550.00 for the above-  
illustrated fees is enclosed.

☒ Any deficiency in overpayment should be charged or credited to deposit account number  
13-1703.

Customer No. 20576

Respectfully submitted,  
MARGER JOHNSON & McCOLLOM, P.C.  
AUGUST J. McColloM  
Reg. No. 24,981

MARGER JOHNSON & McCOLLOM, P.C.  
210 SW Morrison Street, Suite 400  
Portland, OR 97204  
503.253.3613

I hereby certify that this correspondence  
is being transmitted to you by facsimile  
transmission in accordance with 37 CFR 1.6(f).  
Signature of the Applicant or Attorney  
[Signature]